

## Plan of Correction

<b>Program Name:</b> Northern State University	<b>Date Submitted:</b> <u>7/17/2018</u>	<b>Date Due:</b>
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Administrative POC-1	
<b>Rule #:</b> 67:61:04:01	<b>Rule Statement:</b> <b>Policies and procedures manual.</b> Each agency shall have a policy and procedure manual to establish compliance with this article and procedures for reviewing and updating the manual.
<b>Area of Noncompliance:</b> Agency was missing new policies and procedures that came into effect Dec. 2016 and needs to update their policies and procedures manual. The policy and procedures still reference 46:05.	
<b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> [REDACTED]	<b>Anticipated Date Achieved/Implemented:</b>  <b>Date</b>
<b>Supporting Evidence:</b> [REDACTED]	<b>Person Responsible:</b>
<b>How Maintained:</b> [REDACTED]	<b>Board Notified:</b> Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Administrative POC-2	
<b>Rule #:</b> 67:61:05:05	<b>Rule Statement:</b> <b>Orientation of personnel.</b> The agency shall provide orientation for all staff, including contracted staff providing direct clinical services, interns, and volunteers within ten working days after employment. The orientation must be documented and must include at least the following items: <ul style="list-style-type: none"> <li>(1) Fire prevention and safety, including the location of all fire extinguishers in the facility, instruction in the operation and use of each type of fire extinguisher, and an explanation of the fire evacuation plan and agency's smoking policy;</li> <li>(2) The confidentiality of all information about clients, including a review of the confidentiality of alcohol and drug abuse patient records, 42 C.F.R. Part 2 (June 9, 1987), and the security and privacy of HIPAA, 45 C.F.R. Parts 160 and 164 (April 17, 2003);</li> <li>(3) The proper maintenance and handling of client case records;</li> <li>(4) The agency's philosophical approach to treatment and the agency's goals;</li> <li>(5) The procedures to follow in the event of a medical emergency or a natural disaster;</li> <li>(6) The specific job descriptions and responsibilities of employees;</li> <li>(7) The agency's policies and procedure manual maintained in accordance with § 67:61:04:01; and</li> <li>(8) The agency's procedures regarding the reporting of cases of suspected child abuse or</li> </ul>

neglect in accordance with SDCL 26-8A-3 and 26-8A-8.	
<b>Area of Noncompliance:</b> The Agency did not have hire dates on their employees in their personnel folders so it was unclear if their orientation was completed within ten working days.	
<b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> [REDACTED] <u>This has been implemented into new employee orientation that will take place on September 5, 2018. Orientation materials have been updated.</u>	<b>Anticipated Date Achieved/Implemented:</b>  <b>Date</b> <u>September 5, 2018</u> _____
<b>Supporting Evidence:</b> [REDACTED] <u>Attached NSU AwareWolves orientation schedule</u>	<b>Person Responsible:</b> <u>Erin Olson</u>
<b>How Maintained:</b> [REDACTED] <u>Will continue to update annually and ensure training takes place within ten says of hire.</u>	<b>Board Notified:</b> Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Administrative POC-3	
<b>Rule #:</b> 67:61: 05:01	<p><b>Rule Statement: Tuberculin screening requirements.</b> Tuberculin screening requirements for employees are as follows:</p> <ol style="list-style-type: none"> <li>(1) Each new staff member, intern, and volunteer shall receive the two-step method of tuberculin skin test or a TB blood assay test to establish a baseline within 14 days of employment. Any two documented tuberculin skin tests completed within a 12 month period before the date of employment can be considered a two-step or one TB blood assay test completed within a 12 month period before employment can be considered an adequate baseline test. Skin testing or TB blood assay tests are not required if a new staff, intern or volunteer provides documentation of the last skin testing completed within the prior 12 months. Skin testing or TB blood assay tests are not required if documentation is provided of a previous position reaction to either test;</li> <li>(2) A new staff member, intern, or volunteer who provides documentation of a positive reaction to the tuberculin skin test or TB blood assay test shall have a medical evaluation and chest X-ray to determine the presence or absence of the active disease;</li> <li>(3) Each staff member, intern and volunteer with a positive reaction to the tuberculin skin test or TB blood assay test shall be evaluated annually by a licensed physician, physician assistant, nurse practitioner, clinical nurse specialist, or a nurse and a record maintained of the presence or absence of symptoms of <i>Myobacterium tuberculosis</i>. If this evaluation results in suspicion of active tuberculosis, the licensed physician shall refer the staff member, intern, or volunteer for further medical evaluation to confirm the presence or absence of tuberculosis; and</li> <li>(4) Any employee confirmed or suspected to have infectious tuberculosis shall be restricted from employment until a physician determines that the employee is no longer infectious.</li> </ol>
<b>Area of Noncompliance:</b> The agency was missing hire dates so it was unclear if their required TB skin tests were completed within 14 days of hire in all of the personal records reviewed.	

<b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> <u>██████ TB testing will be covered in NSU AwareWolves Orientation, new employees will sign forms and as a term of employment deliver TB results to Program Manager within 14 days.</u>	<b>Anticipated Date Achieved/Implemented:</b>  <b>Date</b> <u>September 5, 2018</u>
<b>Supporting Evidence:</b> <u>██████</u> <u>TB Test results, Orientation/ New employee form signed by new employee.</u>	<b>Person Responsible:</b>  <u>Erin Olson</u>
<b>How Maintained:</b> <u>██████</u>  <u>TB Testing will continue to be covered in AwareWolves new employee training.</u>	<b>Board Notified:</b> Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Administrative POC-4	
<b>Rule #:</b> 67:61:11:06	<b>Rule Statement:</b> <b>Staff knowledge of resources.</b> The staff of each prevention program shall be able to demonstrate knowledge of regional alcohol, drug, mental health promotion, suicide prevention, and recovery support programs available for prevention or treatment services. An agency shall document that:  (1) It maintains a current database of information and referral resources on alcohol, tobacco, and other drugs, substance abuse services, and prevention and treatment resources; (2) The information is either posted or publicly distributed; and (3) The agency staff has reviewed the information.
<b>Area of Noncompliance:</b> The agency did not have a current database of resources available for clients.	
<b>Corrective Action (policy/procedure, training, environmental changes, etc):</b> <u>██████ Database covering regional alcohol, drug, mental health promotion, suicide prevention, and recovery support programs has been created and distributed. Will be included in NSU Counseling Center handbook and hanging up in both Avera Health Services as well as NSU Counseling Center.</u>	<b>Anticipated Date Achieved/Implemented:</b>  <b>Date</b> <u>7/16/2018</u>
<b>Supporting Evidence:</b> <u>██████</u> <u>Database has been created and attached.</u>	<b>Person Responsible:</b> <u>Erin Olson</u>
<b>How Maintained:</b> <u>██████</u> <u>Database will be updated annually to stay current.</u>	<b>Board Notified:</b> Y <input type="checkbox"/> N <input type="checkbox"/> n/a <input type="checkbox"/>

Program Director Signature: <u>██████</u>	Date: <u>██████</u>
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Send Plan of Correction to:

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